

## Memorial Tree Request Form City of Kingman Park and Recreation 928-757-7919

This **FORM** defines the responsibility of the **Requester** as well as the responsibility of **City of Kingman Parks and Recreation Department.** 

## Responsibilities of the **Requester**

- Fill out the form below and pay, in full, the Fee of \$250
- To discourage vandalism, there will be no plaques or decoration to draw attention to the tree.
- The Requester will have no say regarding the tree: type of tree, no choice of placement, no plaques, no placing of flowers.

## Responsibilities of the Kingman Parks and Recreation Department

- Our staff will consider proper specie selection, size and placement location for the tree planting.
- Supply an adequate irrigation source.
- Proper planting staking, repair, fertilization, insecticide application and up keep as needed over the life of the tree, to be determined by the Park and Recreation staff.
- A map of each park and the GPS location of all memorial trees and the names of the individuals that the tree memorializes available at the Park Office.
- Notify family of planting date and time.

## THE CITY OF KINGMAN MAKES NO GUARANTEES REGARDING THE LIFESPAN OF THE MEMORIAL TREES NOR IS ANY CAUSE OF ACTION ABLE TO BE MADE AGAINST THE CITY ARISING OUT OF THIS PROGRAM.

In Memory Of:			
In Memory Of:	First	Middle Initial	Last
Date:			
Name of Requester: _			
Address:	Cit	ty	STATE
Email Address:			
Signature of Requeste	er:		
Park and Recreation D	irector:		